



# KENNETH P. COTTER

PROSECUTING ATTORNEY  
ST. JOSEPH COUNTY  
60TH JUDICIAL CIRCUIT

COUNTY-CITY BLDG., 6<sup>TH</sup> FLOOR  
227 W. JEFFERSON BOULEVARD  
SOUTH BEND, IN 46601  
(574) 235-9786  
FAX: (574) 235-9097

## ESTABLISHMENT APPLICATION PACKET

To open a case with the St. Joseph County Child Support Division, please complete this packet and return to the child support office with the information listed below:

- DRIVER'S LICENSE/STATE ID
- PATERNITY AFFIDAVIT (If applicable)
- CHILD(REN) BIRTH CERTIFICATE  
(OFFICIAL, NOT HOSPITAL VERSION)
- OTHER: \_\_\_\_\_

- ❖ Please submit ALL application pages. Any missing pages will need to be completed before your application can be accepted.
- ❖ Please fill out the application as completely as possible.
  - Do not leave blanks.
  - If you do not know the answer, please indicate that by writing "unknown."
  - All info is applicable – do not write N/A.

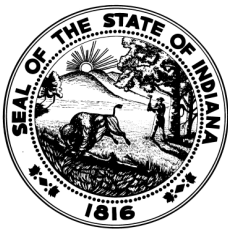
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### TO BE COMPLETED BY CHILD SUPPORT OFFICE ONLY

IF ANY OF THE ABOVE INFORMATION IS MISSING THEN YOU HAVE UNTIL \_\_\_\_\_ TO PROVIDE THIS OFFICE WITH THE INFORMATION REQUESTED OR THE CASE WILL BEGIN CLOSURE. A SANCTION WILL ALSO BE PLACED ON ANY TANF ASSISTANCE THAT YOU MAY BE RECEIVING FROM THE STATE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



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KEEP THIS INFORMATION FOR YOUR RECORDS:  
SERVICES PROVIDED BY THE ST. JOSEPH COUNTY CHILD SUPPORT PROGRAM

1. LOCATION

If the non-custodial parent's whereabouts are unknown, an attempt will be made to locate a residence and/or employer address if we have sufficient information.

2. ESTABLISHMENT OF PATERNITY, CHILD SUPPORT AND MEDICAL ORDERS.

If your child(ren) was born out of wedlock and no paternity affidavit was signed, then the child(ren)'s paternity will need to be established. All putative fathers must be named in this application. If all putative fathers named in this application are excluded this case will be closed until you provide our office with positive genetic test results that you have obtained on your own. Child support orders will be calculated based on the Indiana Child Support Guidelines.

3. ENFORCEMENT – CHILD SUPPORT ORDERS

Appropriate action will be taken to establish, modify and/or enforce a support order against the non-custodial parent. Enforcement methods may include:

- ❖ Administrative actions, such as credit bureau reporting, vehicle liens, or income withholding
- ❖ Judicial actions, such as court hearings to enforce or modify a child support order

***\*The Prosecuting Attorney and staff will have sole decision making powers in regards to enforcement actions on your case.***

4. SERVICES NOT PROVIDED

- Dissolution of Marriage
- Custody or parenting time issues
- Enforcement of court ordered payment of unpaid bills, attorney's fees, medical bills, college expenses, property settlement obligations or tax exemption determination

## INFORMATION ABOUT INTERSTATE CASES

The Uniform Interstate Family Support Act (UIFSA) provides for establishment and enforcement of support orders across state lines. It is a complicated process and may involve the following steps:

1. The non-custodial parent must be located and the address must be verified.
2. If there is an order in effect, a copy of the most recent order must be provided.
3. An appointment will be set for you to complete the necessary documents. If you fail to appear for this appointment, you will be sanctioned and or your case will be closed.
4. The documents are forwarded to the state where the non-custodial parent resides. They are processed by a statewide Central Registry before being forwarded to the actual county or town where the non-custodial parent resides.
5. The Child Support Program and the Court where the non-custodial parent lives will assume responsibility for enforcement. **CAUTION: All proceedings in another state will be governed by their laws and their time frames. When one or both parents live in other states, jurisdiction may be at issue.**

## MISCELLANEOUS INFORMATION

1. Our Deputy Prosecutors by law represent the State of Indiana, and they are not your personal attorneys.
2. All cash child support payments must be made through the Clerk of the Court, all other payments must be made through INSCCU (Indiana State Central Collection Unit) or online by credit card at <http://www.in.gov/dcs/support>. Acceptance of direct payments from the non-custodial parent may result in the closure of your case.
3. A non-public assistance case can be closed by a written request of the applicant or at the prosecutor's request.

***\*An applicant for paternity or support order establishment may request closure only after the establishment order is granted, unless there has been a "good cause" determination.***

4. As a condition of receiving TANF, support payments will be distributed to the state for reimbursement.
5. In the State of Indiana, unless otherwise stated in the order, age of emancipation is nineteen (19).
6. If a parent of a child involved in this case is under the age of eighteen (18), a parent or guardian must appear at any appointments and court hearings.

## DESCRIPTION OF APPLICANT'S RESPONSIBILITIES

1. At intake the applicant must provide:
  - A copy of your most recent court order.
  - Non-custodial parent's social security number, date of birth, address, and employer
  - Summary and affidavit of direct payments, if applicable
  - Completed application
  - Birth certificate and paternity affidavit, if applicable.
  - Any other information as requested
  
2. After application, the applicant agrees to:
  - Report changes which may affect your case, such as change of address, employer, custody, and provide documentation where applicable with in 48 hours.
  - Complete all documents as requested and required by the program, in a timely manner
  - Appear upon notice to the Child Support Office; court and/or genetic test lab.
  - Direct case specific questions to the caseworker in writing or by email and allow 30 days for a response

APPLICANT COPY

**TITLE IV-D ADVISEMENT**

I, the undersigned applicant, acknowledge that the St. Joseph County Prosecutor's Office is an agent of the State of Indiana, and cannot serve as a private attorney for any parties. The function of the Office of the Prosecuting Attorney is to protect and promote the interests of the State at large and the best interest of children, as appropriate, and these interests may conflict at times with my interests.

I understand that the Prosecuting Attorney does not actually represent parents, but is providing child support services under Title IV-D of the Federal Social Security Act. Pursuant to Federal and State law, the Office of the St. Joseph County Prosecuting Attorney provides four (4) basic services:

1. Location of non-custodial parent(s);
2. Establishment of paternity and other support orders;
3. Enforcement of support orders; and
4. Review of support orders for possible modification

Furthermore, I acknowledge that the Office of the Prosecuting Attorney cannot provide me with representation with regard to parenting time, custody and/or property settlement pursuant to the mandates of Title IV-D of the Social Security Act; the Office of the Prosecuting Attorney is not allowed to become involved in matters such as custody, parenting time or property settlement. I am aware that I may consult with a private attorney or a legal service agency at any time.

I acknowledge that I am not entering into an attorney-client relationship with any attorney in the Office of the Prosecuting Attorney and any information provided by me is not information protected by an attorney-client relationship. Accordingly, information provided to the Office of the Prosecuting Attorney may be used by that office in the prosecution of criminal offenses or civil violations without regard for source of the information. I further acknowledge that involvement in the Title IV-D Child Support Program does not protect me from prosecution for any criminal or civil infraction.

**ACKNOWLEDGEMENT**

**I acknowledge that I have read the above and fully understand the contents of this notice and the nature of my relationship with the IV-D Office and its representatives. I also understand the terms, conditions and, limitations, of the IV-D Office involvement in my child support case.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**OFFICE OF THE PROSECUTING ATTORNEY  
OF ST. JOSEPH COUNTY**

**Child Support Division**

Kenneth P. Cotter, Prosecuting Attorney

Ethan C. McKinney, Director

**AGREEMENT OF RESPONSIBILITIES**

I, \_\_\_\_\_, have read through and understand completely the points listed below. By signing this document, I agree to the guidelines and structures of the Child Support Division.

- ❖ I understand and agree that the Prosecuting Attorney and staff are not my private counsel.
- ❖ I understand and agree that the Prosecuting Attorney and staff work on behalf of the State of Indiana for and in the best interest of my child(ren).
- ❖ I understand and agree that I cannot request closure of this case if it was opened for the purpose of establishing paternity and/or establishing a support order, until after a court order is in place.
- ❖ I understand that if a Paternity Affidavit has already been executed, the Prosecuting Attorney's office may oppose any Genetic Test request to the court.
- ❖ I understand and agree that the Prosecuting Attorney and staff will have sole decision making powers in regards to enforcement actions on my case.
- ❖ I understand that I reserve the right to hire a private attorney at any time to enforce my child support case.
- ❖ I understand and agree that if I behave inappropriately, for example, use obscenities, a loud voice, or rude comments etc., the Prosecuting Attorney's Office reserves the right to limit communication options, close the case, and file criminal charges where suitable.
- ❖ I understand and agree that it is my responsibility to provide all necessary information requested by the IV-D Office or my Child Support case will be closed.
- ❖ I understand that I must report any change of address, employment, or custody to the Child Support Office within 48 hours.
- ❖ I understand that I must appear upon notice to the Child Support Office, court, and/or genetic test lab.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES

CUSTODIAN INFORMATION

Full Name of Custodian FIRST MIDDLE LAST MAIDEN
Date of Birth Place of Birth (City & State) Sex Mailing Address
Race Social Security Number City, State, Zip Code
Employer
Home Phone Number Work or Message Number
Employer's Address
Are translator services needed? Yes No If yes, what language?:

CHILD(REN) INFORMATION

Name of person child(ren) currently live with Relationship to child(ren)
Child's Full Name (first, middle, last) Sex Race Date of Birth Place of Birth (City & State) Social Security Number Relationship to me
Child's Full Name (first, middle, last) Sex Race Date of Birth Place of Birth (City & State) Social Security Number Relationship to me
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Child's Full Name (first, middle, last) Sex Race Date of Birth Place of Birth (City & State) Social Security Number Relationship to me

NON-CUSTODIAL PARENT #1 INFORMATION

Full Name of Non-Custodial Parent FIRST MIDDLE LAST MAIDEN
This is Non-Custodial Parent's current last known address.
Date of Birth Place of Birth (City & State) Address
Social Security Number Race City, State, Zip Code
This is Non-Custodial Parent's current last known employer.
Home Phone Number Cell Phone Number Non-Custodial Parent's Employer
Age Height Weight Hair Eyes Employer Address
Non-Custodial Parent is currently in the military has been in the military has never been in the military. If yes, Branch of service:
Non-Custodial Parent is currently in jail has been in jail, prison or institution has never been incarcerated. If yes, when & where?
Non-Custodial Parent's Father's Name Address
Non-Custodial Parent's Mother's Name Address
Other Contact Person for Non-Custodial Parent Address
Are translator services needed? Yes No If yes, what language?:
Does the Non-Custodial Parent have any other children? Yes No Names & Ages of those children





**What is the current marital status between the mother and father of the child(ren) listed on this application? (Circle one)**

Married                  Divorced                  Married but Separated                  Married but Legally Separated                  Never Married

\_\_\_\_\_  
Date Married                  \_\_\_\_\_  
County & State of Marriage                  \_\_\_\_\_  
Date Separated or Divorced                  \_\_\_\_\_  
County & State Separated or Divorced

- ❖ If married and separated, are you going to file for divorce, if so when? \_\_\_\_\_
- ❖ Have you ever been married to anyone at all?    Yes    No
- ❖ If yes, to whom and what are the dates of the marriage? \_\_\_\_\_

**COURT DATA**

Has non-custodial parent ever been ordered by a Court to pay support for these child(ren)?    Yes    No \_\_\_\_\_  
Name & Address of Court

If No, has a petition been filed and a hearing pending?    Yes    No \_\_\_\_\_  
Name & Address of Court

Did/Do you have an attorney representing you in this matter?    Yes    No \_\_\_\_\_  
Name & Address of Attorney

Cause Number of Court Order \_\_\_\_\_

**INFORMATION ABOUT CONCEPTION TO BE COMPLETED BY THE MOTHER**

When and where did you meet the person(s) you believe to be the father of your child(ren)? (City and State)  
\_\_\_\_\_

Did you and he live together?    Yes    No    If yes, when? \_\_\_\_\_

Where? (City and State) \_\_\_\_\_

What City and State was the child conceived in? \_\_\_\_\_

During the month before, month of, or month after conception, did you have sexual intercourse with anyone else?    Yes    No

If yes, who? (List all): \_\_\_\_\_

Has genetic testing been completed?    Yes    No    If yes, what were the results? \_\_\_\_\_

If genetic testing has not been completed, will the non-custodial parent request genetic testing?    Yes    No    Maybe

\*If a Paternity Affidavit has already been executed, the Prosecuting Attorney's office may oppose any Genetic Test request to the court.

Were you married to someone else other than the presumed father, at the time of conception?    Yes    No    If yes, to whom? \_\_\_\_\_

Have any police reports, protective orders, no contact orders, or criminal charges been filed as a result of domestic violence, stalking, or sexual assault?    Yes    No

If yes, please provide names of parties involved, dates, location, and supporting documentation: \_\_\_\_\_

Any other information that you believe is important that you did not already state: \_\_\_\_\_

**I affirm under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief.**

**Signature of Applicant** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Acknowledgement of Putative Fathers**  
**(To be signed by the Mother)**

1. I acknowledge that I have named all potential fathers.
2. I understand if all alleged fathers named at this time are excluded as a possible father to the child in question, my Medicaid and/or TANF benefits will be sanctioned.
3. I understand that if my case closes it will only be reopened once I provide positive genetic test results that I have obtained on my own.
4. I understand that the sanction will only be lifted once there is an order entered for the father to pay child support.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_